

Marriage License Application

STATE OF WASHINGTON, KING COUNTY

Affidavit

The undersigned, being first duly sworn, deposes as follows: That I am eighteen years of age or older or if not, have parental, guardian, or court waiver as documented on the attached supplemental application; that if I am afflicted with any contagious sexually transmitted disease, the condition is known to the other applicant, and further, that I am not related to the other applicant. I understand that this marriage license is not valid for three (3) days from the date the application is filed and is void if the marriage is not solemnized within sixty (60) days of the issuance of the license. I further understand that the marriage must be solemnized in Washington State.

Applicant Name (must print legal name in full)

Birth Date _____ Age _____

Birth Place _____

Present Address _____

City State ZIP

Previous Address _____
(past 6 months)

City State ZIP

Subscribed to and sworn before me this _____ day of _____, _____.

Signature

☐ Single ☐ Widowed ☐ Divorced

☐ Under Control of Guardian (must complete supplemental application)

☐ Registered Domestic Partners # _____

SEAL

Signature of: ☐ Deputy Auditor ☐ Notary Public

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Please provide: Phone No. () _____

Planned Wedding Date (if known) _____

OFFICE USE ONLY

Issued by _____

Location _____

Payment _____